

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10/556571

FILING DATE

2/2/07

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
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14			/			
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42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	10	←		←	
TOTAL CLAIMS		21				
		31				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
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91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						